



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4863

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/932,371 | <b>FILING OR 371(c) DATE</b><br>08/17/2001<br><b>RULE</b> | <b>CLASS</b><br>706 | <b>GROUP ART UNIT</b><br>2129 | <b>ATTORNEY DOCKET NO.</b><br>11323.0007 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Thomas Mazzone, Cowlesville, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/279,870 03/29/2001 and claims benefit of 60/226,401 08/18/2000

OFR

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE OFR

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*** **\*\* SMALL ENTITY \*\***  
 09/20/2001

|  |                               |                            |                           |                                |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>52 | <b>INDEPENDENT CLAIMS</b><br>6 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance/<br>Verified and Acknowledged<br>Examiner's Signature: <i>Iman Fandy lines</i> Initials: <i>OFR</i> |                               |                            |                           |                                |

**ADDRESS**

R. Kent Roberts  
 Hodgson Russ LLP  
 Suite 2000  
 One M&T Plaza  
 Buffalo, NY 14203-2391

**TITLE**

Medical information system, method and article of manufacture

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>763 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |   | <input type="checkbox"/> Other _____                           |
|                                   |   | <input type="checkbox"/> Credit                                |